STATE OF NEW YORK DEPARTMENT OF FINANCIAL SERVICES

DATA REQUIREMENTS FOR MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

Greater Tompkins County Municipal Health Insurance Consortium

Name of MCHBP

FOR THE FISCAL QUARTER ENDING

March 31, 2014

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with the Department of Financial Services at the following address:

New York State Department of Financial Services Health Bureau One State Street, 11th Floor New York, New York 10004

2013 Revision

QUARTERLY STATEMENT

FOR THE QUARTER ENDING	March 31, 2014
A CONTRACTOR OF THE PARTY OF TH	

OF THE CONDITION AND AFFAIRS OF

<u>Greater Tompkins County Municipal Health Insurance Consortium</u> (Name)

A	Municipal Cooperative Health made to the New York State [Benefit Plan organized und Department of Financial Ser	der the laws of the State of vices pursuant to the law	of New York rs thereof.
Data Carliford As An MOUDD	Catabar 1, 2010			
Date Certified As An MCHBP:	October 1, 2010			
Commenced Business:	January 1, 2011			
Mailing Address:	c/o Rick Snyder, Director of	Finance, Tompkins County	, 125 East Court St, Ithac	ca, NY 14850
Address of Main Administrative Office:	Same as Mailing Address	,		
Telephone Number:	(607) 274-5502	Employer's ID Number:		27-1447438
Principal Location of Books and Records:	Same as Mailing Address			
Name of Administrator:	N/A			
Name of Statement Contact Person:	Donald Barber, Chairperson)	- Control State Control State	
Statement Contact Person E-mail	sunnybrk@gmail.com		_Telephone Number:	(607) 539-3395
0	Tamakina			
Service Areas (Counties):	Tompkins	OFFICE DC+		
	D. J. D. J. Obsidence	OFFICERS*	Other Officers	M. Elizabeth Karra Vice Chairperson
President:	Donald Barber, Chairpersor		_ Other Officers:	M. Elizabeth Karns, Vice Chairperson
Secretary:	Judith Drake		_	Richard Snyder, Treasurer
Chief Financial Officer:	Steven P. Thayer			
		GOVERNING BOARD	*	
Nama	Title			Municipality
Name Svante L. Myrick	Board Member		City of Ithaca	manual and
Anita Fitzpatrick	Board Member Chairperson		County of Tompkins Town of Caroline	
Donald Barber Laura Shawley	Board Member		Town of Danby	
Mary Ann Sumner	Board Member		Town of Dryden Town of Enfield	
Herb Masser Glenn Morey	Board Member Board Member		Town of Groton	
Judith Drake	Secretary		Town of Ithaca	
Lucia Tyler M. Elizabeth Karns	Board Member Vice Chairperson		Town of Ulysses Village of Cayuga Heig	phts
Charles Becker	Board Member		Village of Dryden	
Charles V. Rankin Rordan Hart	Board Member Board Member		Village of Groton Village of Trumansburg	
Doug Perine	Board Member		CSEA, County of Tomp	
Scott Weatherby Mack Cook	Board Member Board Member		City of Cortland	and Community College
Kathy Miller	Board Member		Town of Lansing	
Richard Snyder	Treasurer		County of Tompkins	
		-		
STATE OF New York				
COUNTY O	F Tompkins			
		Ludith Droke		, Secretary,
Donald Barber Steven Thayer	President, Chief Financial Officer (or	Judith Drake Corresponding person have	ring charge of the financia	
records of the MCHBP) of the and says that they are the above described o	Greater Tompkins County I			, being duly sworn, each for himself deposes
and says that they are the above described of assets were the absolute property of the said				
this Statement, together with related exhibits,	schedules and explanations	therein contained, annexed	or referred to is a full and	d true
statement of all the assets and liabilities and its income and deductions therefrom for the p				
	WITH		2 wall	President
Subscribed And Sworn To Before Me This	1-4	Day of	17-4	The side in
May	2014		griffa /1	Secretary
(Month)	(Year)		Leise	Chief Financial Officer
Color Notably Bullet		-		
NOTARY PUBLI (Seal)	•	*	•	(Corporate Seal)
		1		
CATHERINE (Notary Public, State	of New York			
No. 4983	150	₹.		
Auglified in Tomo	kins County	Ä		
Commission expires	June 24, 20_/		Voc [V 1	No. I
<i>ુ</i> *	(a) Is this an original filing	. 3	Yes [X]	No[]
	(b) If no:	(i) state the amendment n	umber	
		(ii) date filed		
		(iii) number of pages attac	shed	

*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

Revised 2013

March 31, 2014 (Quarter Ending)

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	<u> </u>
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	-
3. Real estate	-	-
4.1 Cash (Schedule A Line 0399999, Page NY 8)	8,852,428	3,563,863
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	-	
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	8,852,428	3,563,863
5. Premiums receivable (Schedule C, NY 10)		277,412
Other invested assets Receivable for securities		- _
Receivable for securities Aggregate write-in for invested assets	-	-
Subtotal cash and invested assets (Lines 1 to 8)	8,852,428	3,841,275
10. Investment income due and accrued	0,032,420	3,041,273
11. Reinsurance:	_	
11.1 Amounts recoverable from reinsurers	_	217,354
11.2 Funds held by or deposited with reinsured companies	-	-
11.3 Other amounts receivable under reinsurance contracts	-	-
12.1 Current federal income tax recoverable and interest		
thereon	-	-
12.2 Net deferred tax asset	-	<u> </u>
Electronic data processing equipment and software	-	<u> </u>
14. Furniture and equipment, including health care delivery assets	-	
15. Health care and other amounts receivable	212,000	212,000
16. Aggregate write-in for other than invested assets	6,902,834	6,864,425
17. Total Assets(Lines 9 to 16)	15,967,262	11,135,054
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS 0801.	-	-
0802.	-	
0802.	-	-
0804.	-	-
0805.	-	-
0898. Summary of remaining write-ins for Item 8 from overflow page	-	- _
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS	5.040.404	5.017.400
1601. Restricted cash	5,949,134	5,947,189
1602. Ancillary benefits receivable	- 052 700	9,136
1603. Excellus BCBS prepaid claims (Advance deposit) 1604.	953,700	908,100
1605.		
1698. Summary of remaining write-ins for Item 16 from overflow page		
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	6,902,834	6,864,425
1000. 10 17 120 (Items 1001 tilla 1000 plas 1000) (I age 2, Item 10)	0,302,034	0,004,420

^{*} As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Quarter	Previous Year *
	1 Total	2 Total
1 Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	2,551,604	3,574,393
2. Premiums received in advance	220,516	196,396
B. General expenses due or accrued		.00,000
4.1 Current federal income tax payable and interest thereon	-	-
1.2 Net deferred tax liability	-	-
5. Ceded reinsurance premiums payable	-	-
Amounts withheld or retained for the account of others	-	· -
'. Borrowed money and interest thereon	-	-
Payable for securities	-	
Funds held under reinsurance treaties	-	-
Aggregate write-ins for other liabilities	-	
Accounts payable (Schedule G, NY12)	487,456	315,382
Claim stabilization reserve	-	
Unearned premiums	-	-
4. Loans and notes payable		<u> </u>
5. Aggregate write-ins for current liabilities	7,301	4 000 474
6. Total liabilities (Lines 1 to 15)	3,266,877	4,086,171
Aggregate write-ins for special surplus funds Gross paid-in and contributed surplus	600,000	600,000
9. Unassigned funds (surplus)	10,267,522	4,723,499
20. Surplus notes	10,267,522	4,723,499
21. Surplus per Section 4706(a)(5) **	1,832,863	1,725,384
22. Total capital and surplus (Lines 17 to 21)	12,700,385	7,048,883
23. Total liabilities, capital, and surplus (Lines 16 + 22)	15,967.262	11.135.054
002. 003.	-	-
1004.	-	
005.	-	
098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	-	<u> </u>
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT		
LIABILITIES 1501. Unearned ancillary benefit premiums	7,301	
502.	7,301	
503.	-	
504.	_	_
1505.	_	_
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	7,301	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS		
FUNDS	600,000	600.000
701. Assigned for Catastrophic Claims	600,000	600,000
702.	-	-
703.	-	
1704.	-	
1705	-	-
1798. Summary of remaining write-ins for item 17 from overflow page 1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	600,000	600,000
1700. 1017L0 (Itelia 1701 tilla 1700 pius 1730) (Faye 3, Itelii 17)	000,000	000,000

 $^{^{\}star}\,$ As reported on Prior Year End filed Annual Statement.

 $^{^{\}star\star}$ Calculation of current year reserves shown on NY14 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1 Total	2 Total	3 Total	4 PMPM	5 PMPM
Member Months Net premium income:	15,173	15,173	61,063	XXX	XXX
2.1 Basic 2.2 Drugs	9,164,313	8,716,176	34,507,671 -	603.99	565.12 -
2.3 TotalChange in unearned premium reserves and reserve for rate credits:	9,164,313	8,716,176	34,507,671	603.99	565.12
3.1 Basic 3.2 Drugs	-	-	-	-	-
3.2 Total	-	-	-	-	
4. Aggregate write-ins for other health care related revenues5. Investment	3,492	1,397	9,871	0.23	- 0.16
Non-health revenues Total revenues (Items 2 to 6)	35,509 9,203,314	38,630 8,756,203	146,563 34,664,105	XXX 606.56	XXX 567.68
Hospital and Medical:					
Hospital/medical benefits Other professional services	1,942,027	5,328,169	21,438,806	127.99	351.09
Outside referrals Emergency room and out-of-area	-	-	-	-	-
12. Prescription drugs	1,853,021	1,706,238	6,574,951	122.13	107.67
13. Aggregate write-ins for other hospital and medical14. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
15. Aggregate write-ins for other expenses16. Subtotal (Lines 8 to 15)	61,474 3,856,522	57,794 7,092,201	237,105 28,250,862	4.05 254.17	3.88 462.65
Less:		.,			
17. Net reinsurance recoveries18. Total hospital and medical (Lines 16-17)	3,856,522	7,092,201	281,688 27,969,174	- 254.17	4.61 458.04
 Claims adjustment expenses, including cost containment expenses General administrative expenses 	-	-	-	-	-
20.1 Compensation 20.2 Interest expense	9,113	3,399	35,960 119,425	0.60	0.59 1.96
20.3 Occupancy, depreciation, and amortization	-	-	119,425	-	-
20.4 Marketing 20.5 Professional Fees	10,946	23,531	99,112	0.72	1.62
20.6 Administration Fees 20.7 Consulting Fees	239,592 17,395	230,373 37,077	939,946 64,722	15.79 1.15	15.39 1.06
20.8 Aggregate write-ins for other administrative expenses	207,883	154,489	614,612	13.70	10.07
20.9 Total administrative expenses 21. Increase in reserves for A&H contracts	484,929	448,869	1,873,777	31.96	30.69
22. Total underwriting deductions (Lines 18 to 21)23. Net underwriting gain or (loss) (Lines 7 - 22)	4,341,451 4,861,863	7,541,070 1,215,133	29,842,951 4,821,154	286.13 320.43	488.72 78.95
24. Net investment income earned	-	-	-	-	-
25. Net realized capital gains or (losses) less capital gains taxes26. Net investment gains or (losses) (Lines 24 + 25)	-	-	-	-	-
27. Aggregate write-ins for other income or expenses28. Net income or (loss) after capital gains tax and before all other	(34,907)	(38,630)	(151,780)	(2.30)	(2.49
federal income taxes (Lines 23 + 26 + 27)	4,826,956	1,176,503	4,669,374	318.13	76.47
29. Federal income taxes incurred30. Net income (loss) (Lines 28 - 29)	4,826,956	1,176,503	4,669,374	318.13	- 76.47
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES 0401. 0402. 0403.	-	- -	-	- -	
0404. 0405.	-	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page 0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL					
1301 1302	-	-	-		<u> </u>
1303.	-	-	-	-	-
1304	-	-	-	-	-
1398. Summary of remaining write-ins for Item 13 from overflow page 1399. TOTALS (Items 1301 thru 1305 plus 1398) (Page 4, item 13)	-	-	-	-	<u>-</u> -
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES 1501. NYS Graduate Medical Education Tax	61,474	57,794	237,105	4.05	3.88
1502.	-		-	-	-
1503	-	-	-	-	-
1505	-	-	-	-	
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15)	61,474	57,794	237,105	4	4
DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES 20.801. Insurance (Directors & Officers, Professional Liability)	24.957	5,553	22,211	1.64	0.36
20.802. Stop-loss premiums	182,926	148,936	592,401	12.06	9.70
20.803	-	-	-	-	<u> </u>
20.805. 20.898. Summary of remaining write-ins for Item 20.8 from overflow page	-	-	-	-	
20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)	207,883	154,489	614,612	14	10
20.000. TO TAEO (Itelia 20.001 tillu 20.000 pius 20.000) (1 age 4, Itelia 20.0)		İ			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES			, and it is a		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES 2701. Miscellaneous expenses	(264) (34,643)	(38,630)	(5,217) (146,563)	(0.02) (2.28)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES 2701. Miscellaneous expenses 2702. Insured Ancillary benefits expense 2703.		(38,630)	(146,563)	(2.28)	(0.09
DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES 2701. Miscellaneous expenses 2702. Insured Ancillary benefits expense	(34,643)	-		(2.28)	

^{*} As reported on Prior Year End filed Annual Statement.

March 31, 2014 (Quarter Ending)

OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	_1	2
	Total	Total
31. Capital and surplus prior reporting year	7,048,883	4,626,192
GAINS AND LOSSES TO CAPITAL & SURPLUS:	4,000,050	
32. Net income or (loss) from Line 30	4,826,956	4,669,374
33. Change in valuation basis of aggregate policy and claim reserve	-	-
34. Change in net unrealized capital gains and losses less capital gains tax	-	-
35. Change in net deferred income tax	-	-
36. Change in nonadmitted assets		-
37. Change in unauthorized reinsurance	-	-
38. Change in surplus notes	-	-
39. Cumulative effect of changes in accounting principles		-
40. Capital Changes 40.1 Paid in		
		-
40.2 Transferred to surplus 41. Surplus adjustments:		-
41.1 Paid in	_	_
41.2 Transferred from capital		
42. Dividends to participating municipal corporations (or school districts)		<u> </u>
43. Change in surplus per Section 4706(a)(5)	107,479	(296,607)
44. Change in retained earnings/fund balance	717.067	(1,125,530)
45. Interest on surplus notes	717,007	(1,120,000)
46. Aggregate write-ins for changes in other net worth items		(824.546)
47. Aggregate write-ins for gains or (losses) in surplus		(024,340)
48. Net change in capital and surplus (Lines 32 to 47)	5,651,502	2.422.691
49. Capital and surplus end of reporting period (Line31 + 48)**	12.700.385	7.048.883
		,,,,,,,,,,
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN		
OTHER NET WORTH ITEMS		
4601. Additional needed for 12% IBNR	-	\$ (824.546)
4602.	-	(02.,0.07
4603.	-	_
4604.	-	_
4605.	-	_
4698. Summary of remaining write-ins for Item 46 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	_	(824,546)
3· · · · · · · · · · · · · · · · · · ·		, , , , , , , ,
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR		
(LOSSES) IN SURPLUS		
4701.	\$ -	\$ -
4702	-	-
4703.	-	-
4704.	-	-
4705.	-	-
4798. Summary of remaining write-ins for Item 47 from overflow page	-	-
4799. TOTALS (Items 4701 thru 4705 plus 4798) (Page 5, item 47)	-	-
· · · · · · · · · · · · · · · · · · ·		

^{*} As reported on Prior Year End filed Annual Statement.
** Must agree with Page NY 3 Line 22

1. a)		is any change been made since the las reement; plan document or the number		inicipal cooperation agreement; administra al corporations (or school districts)?	ition	Yes []	No [X]
b)	If "	Yes", when was the filing request to cha	ange the agreements or o	documents filed with the Department of Fin	nancial Services?	Date:	N/A
	i)	If "approved", when was the filing red	quest approved?			Date:	
						Date: Date: Date:	N/A
	ii)	If not "approved" yet, what is the stat	up of the filing request or	and the etatus date?		Date.	IVA
	")	N/A N/A	us of the filling request ar	id the status date:		Date:	
		N/A N/A				Date:	N/A
c)	If "	Yes", attach current copies of the docu	ments if they have not be	een previously submitted.		Date.	
2. a)		ate as of what date the latest financial e	-			Date:	12/31/13
b)				came available from either the state or the			
.,	COI			sheet and not the date the report was comp	pleted	Date:	12/31/13
3. a)	Dio	d any person, while an officer, director of	or trustee of the reporting	entity, receive directly or indirectly, during	the		
	pe	riod covered by this statement, any con	nmission on the business	s transactions of the reporting entity?		Yes []	No[X]
b)		Yes", give particulars:					
	N//					=	
	N/	A				_	
4. a)		as money loaned, directly or indirectly, or 'Yes", please complete the schedule be		d by this report to any employee, officer, or	director of the MCHBP?	Yes []	No [X]
					3	4 Amount of Loan	5 Date Original
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	Original Loan Amount	Principal Outstanding at Quarter End	Loan Was Issued
		N/A					
		250000 T / /					
h.\		0599999. Totals					
b)		as money loaned, directly or indirectly, pricer, or director of the MCHBP? If "Yes"		d by this report, with an amount still outsta hedule below.	nding, to any employee,	Yes []	No [X]
			_	_	3	4 Amount of Loan	5 Date Original
		1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	Original Loan Amount	Principal Outstanding at Quarter End	Loan Was Issued
		N/A					
		0500000 Totals					
5 a)	Is i	0599999. Totals	by a fidelity bond?			Yes [X]	No []
5. a)		the fiscal officer of the MCHBP covered	* *			Yes [X]	No []
5. a) b)	If "	the fiscal officer of the MCHBP covered Yes", give name of surety company, an	nd amount of coverage:	easurer are both covered by the County of	Tompkins' Employee Disl		
,	If " Th	the fiscal officer of the MCHBP covered Yes", give name of surety company, an e Consortium Treasurer and the Conso ind). This coverage is provided through	nd amount of coverage: rtium Assistant to the Tre Fidelity and Deposit Cor	easurer are both covered by the County of mpany of Maryland, Colonial American Carerican Insurance Company. The coverage	sualty and Surety Compa	honesty Bond (a.k.a. Fidency, 1400 American Lane	elity
,	If " Th Bo	the fiscal officer of the MCHBP covered Yes", give name of surety company, an e Consortium Treasurer and the Conso ind). This coverage is provided through	nd amount of coverage: rtium Assistant to the Tre Fidelity and Deposit Cor a subsidiary of Zurich Am	mpany of Maryland, Colonial American Casterican Insurance Company. The coverage	sualty and Surety Compa	honesty Bond (a.k.a. Fidency, 1400 American Lane	elity
,	If " Th Bo Sh mis	the fiscal officer of the MCHBP covered the fiscal officer of the MCHBP covered Yes", give name of surety company, an economic Tries correctly the consolidation of the Consolida	ntium Assistant to the Tre Fidelity and Deposit Cor a subsidiary of Zurich Am n is covered up to a \$2,0	mpany of Maryland, Colonial American Casterican Insurance Company. The coverage	sualty and Surety Compa e provided covers embez	honesty Bond (a.k.a. Fide ny, 1400 American Lane zlement and/or the	elity
b) 6. a)	If " Th Bo Sh mis	the fiscal officer of the MCHBP covered Yes", give name of surety company, an e Consortium Treasurer and the Conso ind). This coverage is provided through aumburg. IL, 60196. This company is sappropriation of funds and each perso ere all the stocks, bonds, and other sec CHBP on the said date?	intium Assistant to the Tre Fidelity and Deposit Cor a subsidiary of Zurich Am n is covered up to a \$2,0 urities owned as of the re	mpany of Maryland, Colonial American Caterican Insurance Company. The coverage 00,000 maximum.	sualty and Surety Compa e provided covers embez	honesty Bond (a.k.a. Fide ny, 1400 American Lane zlement and/or the	elity
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b) 6. a)	If " The Book She mis MC If " Ex we	the fiscal officer of the MCHBP covered the fiscal officer of the MCHBP covered Yes", give name of surety company, an econsortium Treasurer and the Conso and). This coverage is provided through aumburg, IL, 60196. This company is a sappropriation of funds and each perso are all the stocks, bonds, and other secchBP on the said date? No", give location: cluding real estate and investments held re all stocks, bonds and other securitie re all stocks, bonds and other securities.	ntium Assistant to the Tre Fidelity and Deposit Cor a subsidiary of Zurich Am n is covered up to a \$2,0 urities owned as of the re No stocks, bonds, or oth Id physically in the report s, owned throughout the i	mpany of Maryland, Colonial American Caterican Insurance Company. The coverage 100,000 maximum. eporting period in the actual possession of the securities owned by the Consortium at 1 thing entity's offices, vaults or safety deposit current year held pursuant to a direct custo	sualty and Surety Compa e provided covers embez the this time. t boxes, dial agreement	honesty Bond (a.k.a. Fide ny, 1400 American Lane zlement and/or the	elity
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Greater Tompkins County Municipal Health Insurance Consortium (Name)

GENERAL INTERROGATORIES (Continued)

OF THE

11.	a)	What is the percentage that the MCHBP uses for its claims payable reserve? 12%		
	b)	Is the percentage used for claims payable reserve equal to the <u>minimum</u> requirement of 25% as per Insurance Law § 4706(a)(1)?	Yes[]	No [X]
	c)	If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)?	Yes [X]	No []
	d)	If c) is "Yes", answer the following: i) When was the request filed with the Department of Financial Services?	Date	: 11/08/13
		ii) When was the request approved?	Date	: <u>N/A</u>
		iii) If approved, please attach a copy of the approval letter.		
12.	a)	Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?	Yes [X]	No[]
	b)	If No, give details: N/A		
		N/A		
13.	a)	Was the MCHBP's prior year's annual statement amended?	Yes []	No[X]
	b)	If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile		
		i) Amendment number N/A		
		ii) Date of amendment N/A		
14.		Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?	Yes [X]	No []
15.	a)	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?	None	
	b)	List the name of the firm and the amount paid if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.		
		1 2 Name Amount Paid		
		N/A		
16.	a)	Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?	Yes[]	No [X]
	b)	If a) is "Yes", provide the following:		
		i) Anticipated date of distribution.	Date: N/A	_
		ii) Anticipated amount of distribution.	N/A	_
17.	a)	Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law?	Yes [X]	No []
	b)	If a) is "Yes", answer the following:		
		i) When was the request filed with the Department of Financial Services?	Date:10/01/10)_
		ii) When was the request approved?	Date: N/A	_
		iii) If approved, please attach a copy of the approval letter.		
	c)	If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:		
		This information was submitted as part of our application process to the state and was approved at that time.		
		A defeate outherization has been deemed to be received as the Conceptium received a Cortificate of Authority to apprate as 10/4/40		

SCHEDULE A — CASH AND CASH EQUIVALENTS

					1	T		1
1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository Cash	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Depository Casir	^^^		***			***	***	***
Tompkins Trust Company	XXX	XXX	0.095	XXX	XXX	1,546	-	8,852,428
		XXX		XXX	XXX			
		xxx		XXX	XXX			
		XXX		XXX	XXX			
		xxx		XXX	XXX			
		XXX		XXX	XXX			
		XXX		xxx	XXX			
		XXX		XXX	XXX			
		XXX		xxx	XXX			
		XXX		XXX	XXX			
0199999 Total Cash on Deposit	xxx	XXX	XXX	XXX	XXX	1,546		8,852,428
								0,002,420
0299999 Cash in Company's Office 0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	XXX 1.546	XXX	8,852,428
Description Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Description Cash Equivalent	****	***	***	^^^	***	***	~~~	***
0499999 Total Cash Equivalent 0599999 Total Cash and Cash Equivalent	XXX	XXX	XXX	XXX	- \$ -	\$ 1,546	- \$ -	\$ 8,852,428
		,,,,,	,,,,,	,,,,,		1,040		Ψ 0,002,420
NOTE: Negotiable certificates of deposit to be reported it	in Schedule B.							

SCHEDULE B — INVESTMENTS

Color Description	1	2	3	4	5	6	7	8
No. No.						Book/Adjusted		Stated Contractual
		Description				Carrying Value		
1	N/A	IN/A	N/A	N/A	N/A	N/A	N/A	IN/A
1								
1								
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1	0199999	Total bonds	\$ -	\$ -	\$ -	\$ -	XXX	XXX
Main								
Main	1	2	3 Number of	Par Value	5	6 Fair	7 Rook/Adiustod	8 Data
Main	Identification	Description	Shares	per Share	Actual Cost	Value	Carrying Value	Acquired
NA N				XXX		XXX	XXX	
XXX	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
XXX								
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N/A								
	XXX	List Common Stocks		XXX	XXX	XXX	XXX	XXX
		List Common Stocks		XXX XXX XXX	XXX	XXX	XXX	XXX
	XXX	List Common Stocks		XXX XXX XXX XXX	XXX	XXX	XXX	XXX
	XXX	List Common Stocks		XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX	XXX	XXX	XXX
XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX	XXX	XXX	XXX
0399999 Total Common Stocks \$ - \$ - XXX	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX	XXX	XXX	XXX
	XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX	XXX	XXX	XXX
	N/A	List Common Stocks N/A		XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	N/A N/A	XXX N/A	XXX N/A	XXX N/A

STATEMENT AS OF	March 31, 2014	OF THE	Greater Tompkins County Municipal Health Insurance Consortium	
·	(Quarter Ending)	•	(Name)	

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
N/A	·		,	·		\$ -
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					_	
					-	-
					-	-
0199999 Individually Listed Receivables	-	-	-	-	-	-
0299999 Receivables Not Individually Listed					-	-
0399999 Gross Premiums Receivable						
033333 Gloss Fleilliums Receivable	_	-	-	-	-	
	I	<u> </u>				
0499999 Less Allowance for Doubtful Accounts						
o 100000 E0007 Mowalloc for Boublial 7 Gooding						
0599999 Premiums Receivable					-	-

STATEMENT AS OF March 31, 2014 OF THE (Quarter Ending)

N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

A	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End		F Total Claims Paid During the Fiscal Year and	G	Н
			of Current Quarter		Claims Unpaid	Estimated	
	B On Claims Incurred Prior	C On Claims Incurred During	D On Claims Unpaid	E On Claims	at End of Current Quarter on Claims Incurred	Liability of Unpaid Claims at End of	Amount Unpaid Claims
Description of Claims	to the Current Fiscal Year	the Current Fiscal Year	at End of Previous Year	Incurred During the Year	in Prior Years (B + D)	Previous Fiscal Year	is Over or (Under) Reserved
Hospital & Medical Claims	1,744,465	6,117,743	-	2,528,701	1,744,465	2,726,944	982,479
2. Drug Claims	(7,904)	1,861,300	-	22,903	(7,904)	22,903	30,807
3. Other		-	-	-	-	824,546	824,546
4. TOTAL	1,736,561	7,979,043	-	2,551,604	1,736,561	3,574,393	1,837,832

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1, Column 2

STATEMENT AS OF	March 31, 2014	OF THE	Greater Tompkins County Municipal Health Insurance Consortium	
	(Quarter Ending)		(Name)	

SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

	1	2	3	4	5	6
Account	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over 120 Days	Total
Hancock and Estabrook	1,458	-	-	-	-	1,458
ProAct	349,285	-	-	-	-	349,285
Excellus	136,713	-	-	-	-	136,713
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
0400000 Tatal Assaulta Daviable Individually Listed	407.450					407.450
0199999 Total Accounts Payable - Individually Listed	487,456	-	-	-	-	487,456
0299999 Aggregate Accounts Not Individually Listed - Due						-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due	-	-	-	-	-	-
9999999 Total Accounts Payable	487,456		-	-	-	487,456

STATEMENT AS OF	March 31, 2014	OF THE	Greater Tompkins County Municipal Health Insurance Consortium
	(Quarter Ending)		(Name)

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	15	15	-	-	-

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	B Prior	С	D	Е	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of employees and retirees enrolled	2,288	2,279	-	-	-

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

А	B Prior	С	D	Е	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of total lives covered	61,063	15,173	-	-	-

March 31, 2014 (Quarter Ending)

OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

- Number of enrolled members
 Percentage used to calculate the Surplus per Section 4706(a)(5)
- 4. Annualized Net premium income

- 5. Surplus per Section 4706(a)(5) using Annualized Net Premium Income
 6. Surplus per Section 4706(a)(5) From last Fiscal Year Statement
 7. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1

Current Quarte	er
	15
	2,279
5%	
	657,252
1,	832,863
1,	725,384
1,	832,863

OVERFLOW PAGE FOR WRITE-INS Prior Year to Date | Previous Year * | Current Quarter | Previous Year * | 2 | 3 | 4 | -Total Tota Tota PMPN PMPM Page NY 2
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS
0806.
0807.
0808. XXX XXX 0809. 0810. 0898. TOTALS (Items 0806 thru 0810) XXX XXX XXX XXX XXX XXX Page NY 2
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS 1606. 1607. 1608. 1609. 1610. 1698. TOTALS (Items 1606 thru 1610) XXX XXX XXX XXX XXX XXX XXX XXX Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES 1006. 1007. 1008. XXX XXX XXX XXX XXX 1009. 1010. 1098. TOTALS (Items 1006 thru 1010) Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES 1506. 1507. XXX XXX XXX 1508. XXX XXX 1509. XXX 1510. 1598. TOTALS (Items 1506 thru 1510) Page NY 3
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS 1706. 1707. 1708. XXX XXX XXX XXX 1709. XXX XXX Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES
0406.
0407.
0408.
0409.
0410.
0498. TOTALS (Items 0406 thru 0410) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL 1306.
1307.
1308.
1309. Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES ITEM 15 FOR OTHER EXPENSES
1506.
1507.
1508.
1509.
1509.
1510.
1598. TOTALS (Items 1506 thru 1510) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES 20.806.
20.807.
20.808.
20.809.
20.810.
20.898. TOTALS (Items 20.806 thru 20.810) Page NY 4
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES 2706. 2707. 2708. 2708. 2709. 2710. 2798. TOTALS (Items 2706 thru 2710)

^{*} As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS Previous Year * Page NY5
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS 4606.
4607.
4608.
4609.
4610.
4698. TOTALS (Items 4606 thru 4610) Page NY5
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS 4706.
4707.
4708.
4709.
4710.
4798. TOTALS (Items 4706 thru 4710)

^{*} As reported on Prior Year End filed Annual Statement.